

## PLEASE FOLLOW INSTRUCTIONS CAREFULLY

### FEE PAYMENT INSTRUCTIONS:

Complete the right-hand portion of this fee remittance form and mail it with the fee payment to:

**Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988**

Make checks payable to: **Wisconsin Emergency Management**  
Mail this Fee Remittance Form along with payment to ensure proper application of the payment to your facility's account.

### PROGRAM DOCUMENTS SUBMISSION:

The original Wisconsin Inventory Fee Statement, Tier Two Report Form with attached site plan and any other correspondence or documents should be mailed to:

**Wisconsin Emergency Management  
Facility Reporting Section  
P.O. Box 7978  
Madison, WI 53707-7978**

**Please Note:** Copies of the Inventory Fee Statement and Tier Two Report with attached site plan must be sent to all Local Emergency Planning Committees with jurisdiction over the facility and all local Fire Departments with jurisdiction over the facility.

## WISCONSIN EMERGENCY MANAGEMENT Form DMA-1160

### 2006 INVENTORY FEE REMITTANCE (For chemicals present during calendar year 2005)

WEM Facility I.D. #:   
[see #1 of fee statement]

Operator's Federal  
Employer Identification  
Number (FEIN):   
[see #2 of fee statement]

Facility Name:   
Facility Address:   
City, State, Zip:   
County of:

Fee Type: **I—Inventory**

Payer Check #:

(1) Annual Inventory Fee:   
[see #12(e) of fee statement] \$

(2) Late Payment Surcharge:   
[see #12(f) of fee statement] \$ 20% of Fee paid after  
March 1, 2006

(3) Total Fee Payment:   
[see #12(g) of fee statement] \$

Return This Remittance Form with Fee Payment to:

**Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988**

